



Women, Infants and Children Program
Utah Department of Health
288 North 1460 West, PO Box 141013
Salt Lake City, Utah 84114-1013

INFORMATION MEMO

Memo #: WIC 2011-14-I

Date: August 24, 2011

Subject: MICR Sequence Problem

To: All Local WIC Directors and Local WIC Clinic Staff

From: Chris Furner, Program Manager

We have had incidents in several clinics where staff have issued checks with the MICR sequence improperly printed. Often times it takes many days to realize there is a problem until checks start being rejected by the bank. This causes a hardship for clinic staff and participants because each improperly issued check must be recalled from participants and reprinted. This problem also causes excessive bank fees to be charged to the State WIC Office.

The cause of this issue is that the printer was improperly selected from the list of available printers. Each HP/Troy MICR printer in your clinics has two printer names listed in the computer. In most cases the proper printer to select is the printer name that contains "MICR" within the name. If the proper printer name is selected, this enables the printer to use the correct MICR fonts and characters when printing checks. If there is any question about which printer name to select please contact the Help Desk.

The examples on the following page show an improperly printed MICR line and a correct one. Incorrect MICR sequences are printed in a smaller font with a mix of alpha and numeric characters. Clinic staff must ensure that the MICR sequence looks correct on checks being issued.



UTAH WIC PROGRAM
UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH & PREPAREDNESS
BOX 141013 • SALT LAKE CITY, UTAH 84114-1013
VOID IF VENDOR DOES NOT HAVE A VALID UTAH WIC VENDOR AGREEMENT
THIS DOCUMENT HAS A MICROPRINT BORDER AND A WATERMARK. ABSENCE OF THESE WILL INDICATE A COPY.

75-1248
919

Acct #: 805319

60155190
First Date to Use: 9/1/2011
Last Date to Use: 9/30/2011

Clinic ID: ~~31-22101~~ Name: ~~GRYNELLE GARCIA~~

FID: ~~8019~~

3 (8-OZ) AUTHORIZED INFANT CEREAL NON-FRUIT
11 (4-OZ) JARS SINGLE VARIETY OR MIXED FRUITS OR MIXED VEGETABLES BABY FOOD

This participant's certification ends on 11/30/2011.

SOLUTRAN

RETAILER: NOT VALID MORE THAN 60 DAYS FROM FIRST DAY TO USE.

Payable through Solutran, Security State Bank, Howard Lake, MN 55349

Customized Payment Solutions

PAY EXACTLY	
\$	
PAY TO WIC VENDOR (STAMP)	
DATE USED (STAMP)	
X	AUTHORIZED SIGNATURE: PARENT/ GUARDIAN/ PARTICIPANT

C60155190C A091912482A 805319C

← incorrect



UTAH WIC PROGRAM
UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH & PREPAREDNESS
BOX 141013 • SALT LAKE CITY, UTAH 84114-1013
VOID IF VENDOR DOES NOT HAVE A VALID UTAH WIC VENDOR AGREEMENT
THIS DOCUMENT HAS A MICROPRINT BORDER AND A WATERMARK. ABSENCE OF THESE WILL INDICATE A COPY.

75-1248
919

Acct #: 99999

60393528
First Date to Use: 8/1/2011
Last Date to Use: 8/31/2011

Clinic ID: 32-23251 Name: John Doe

FID: 504662

24 (OUNCES OR LESS) OF WIC APPROVED CEREAL
1 (POUND[S]) PRIVATE LABEL DRIED PEAS/BEANS
2 (GALLON) COW'S MILK - SKIM, 1%, 2%

This participant's certification ends on 01/31/2012.

SOLUTRAN

RETAILER: NOT VALID MORE THAN 60 DAYS FROM FIRST DAY TO USE.

Payable through Solutran, Security State Bank, Howard Lake, MN 55349

Customized Payment Solutions

PAY EXACTLY	
\$	
PAY TO WIC VENDOR (STAMP)	
DATE USED (STAMP)	
X	AUTHORIZED SIGNATURE: PARENT/ GUARDIAN/ PARTICIPANT

|| 60393528 || :9999999999: 99999||

← correct